

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <i>091687 335</i>		FILING DATE <i>10-13-00</i>		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
5		/		/			55	/			
6		/		/			56				
7		/		/			57				
8		/		/			58				
9		/		/			59				
10		/		/			60				
11		/		/			61				
12		/		/			62				
13		/		/			63				
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20		/		/			70				
21		/		/			71				
22		/		/			72				
23	/		/				73				
24		/		/			74				
25		/		/			75				
26		/		/			76				
27		/		/			77				
28		/		/			78				
29		/		/			79				
30		/		/			80				
31	/		/				81				
32		/		/			82				
33		/		/			83				
34		/		/			84				
35		/		/			85				
36		/		/			86				
37		/		/			87				
38		/		/			88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	35		35				TOTAL DEP.				
TOTAL CLAIMS	38		38				TOTAL CLAIMS				